ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Sullivan County Community Hospital

City: Sullivan County: Sullivan Year: 2004

Provider Type: Critical Access Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	4	154	618	\$6,210
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	30	1,338	4,434	\$3,326
Neonatal Intermed	0	0	0	\$0
Obstetrics	3	110	234	\$1,733
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	37	1,602	5,286	NA
Normal Newborn	3	110	215	\$1,158

II. Outpatient Visits				
Circulatory System	1,998	Digestive System	761	
Endocrine System	1,886	Injuries and Poison	2,757	
Mental Disorder	359	Musculoskeletal	2,121	
Neoplasms	746	Nervous	841	
Respiratory	1,356	Urinary	1,156	
Other/Unknown	1,227	Total Visits	15,208	
Number of Visits to Emerg	8,285			
Percent of Emergency Department Visits of Total Visits			54.5%	

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	N - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Opthalmic Surgery	N - Optometric Service	Y - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
Y - Psychiatric Emergency	Y - Psychiatric Child	Y - Psychiatric Forensic
Y - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

<u>Health Care Regulatory Services</u>

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